

# Sociopathy: The border between Madness and Reality in the Production of Crime

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**Keywords**— Sociopathy, psychiatric patients

**Abstract**— *Introduction: The severity of symptoms in individual cases depends on factors such as age of onset, extent and side of brain damage, and rate of progression of the underlying etiology. Integrative Review: Each generation of mental health professionals has to discover for itself the importance of personality disorder. Unfortunately, and unduly, the place of personality and personality disorder in contemporary mental health has either been ignored entirely or employed as another reason to exclude patients from services. Method: The present article is an integrative review based on bibliographic research formulated through published articles on the knowledge and performance of professionals in the concentration area "health" on the subject "Sociopathy". Results: The historical roots of the concepts of abnormal personality, social deviance, delinquency and criminal responsibility are described, demonstrating that previous concepts of psychopathic personality often included negative social evaluations. Discussion: Psychopathy predicts violence and other antisocial conduct in both offenders and psychiatric patients. Furthermore, released psychopathic offenders have an increased risk of recidivism when compared to their nonpsychopathic counterparts. Final Considerations: Specific profiling becomes more refined when collecting evidentiary facts at the crime scene, with the primary goal of a typology of the behavioral characteristics and psychological makeup of the offender.*

## I. INTRODUCTION

The recognition that certain brain structures are essential for social cognition and behavior is one of the landmark achievements of contemporary neuroscience. As originally conceived, the "social brain" encompasses the superior temporal sulcus, amygdala, and orbitofrontal cortex (COF), and is intended to function as a functional unit in the evaluation of socially significant stimuli and the regulation of interpersonal behavior. Clinical-anatomical observations established that damage to neural structures included, but not limited to, the social brain often leads to changes in personality and higher-order social behavior. The severity of symptoms in individual cases depends on factors such as age of onset, extent and side of the lesion, and rate of progression of the underlying etiology. Patients with

acquired sociopathy may be clinically indistinguishable from individuals with developmental personality disorder subsumed under the rubric of "psychopathy" in the forensic literature (MOLL, JORGE; ESLINGER, P. J. & OLIVEIRA-SOUZA, R; 2001).

Moral cognition and judgment are central elements of social cognition. An intriguing aspect of acquired sociopathy is the fact that some patients retain knowledge of moral norms. Analogous dissociations between knowing how to behave and actually behaving in socially desirable ways are also found in developmental psychopathies. These observations suggest that the brain organization of moral cognition is relatively independent of the structures that mediate suppression of socially unpleasant impulses and actions

(MOLL, JORGE; ESLINGER, P. J. & OLIVEIRA-SOUZA, R; 2001).

Although several aspects of social cognition have been explored by functional neuroimaging, the neural correlates of moral judgment have been relatively neglected by clinical and neuroimaging researchers (MOLL, JORGE; ESLINGER, P. J. & OLIVEIRA-SOUZA, R; 2001).

The discussions on whether there should be punishments for crimes typified in the penal code are as old as the law of talion and are endless. There will always be those who believe that criminals are born that way, others believe that they are products of the environment; others, that they come from the circumstances of the moment and many know of cases that nobody understands how "good people" became criminals. Among human beings anything is possible since Abel and Cain became our models of brothers and many of us have repeated the latter's gesture for millennia. Modified in time, there are a huge number of metaphorical biblical brothers walking the streets and, for this reason, the greatest care must be taken with certain gestures, glances, "close calls" in traffic or any other attitude that hurts the unknown narcissism of the Other and whose result can be tragic for both parties. Besides gestures and looks, there are words that break the thin veneer of civilization that we present on a daily basis. Daily newspapers, weekly magazines, and police stations are full of examples of crimes motivated by human pettiness (PERKTOLD, C; 2010).

The criminal is punished and others who think of committing the same crime know the legal and penal consequences of their act and the implied hope that, once the sentence is served, they will not re-offend. Not to punish is to agree with the criminal action. Punishment is not synonymous with the revenge of the state. It is about containing certain people who, for known or unknown reasons, practice or insist on practicing "evil", this understood as the transgression of what every culture establishes as correct conduct, valid for all its members (PERKTOLD, C; 2010).

## II. INTEGRATIVE REVIEW

Each generation of mental health professionals has to discover for itself the importance of personality disorder. Unfortunately, and unduly, the place of personality and personality disorder in contemporary mental health has either been ignored entirely or employed as yet another reason to exclude patients from services offered by increasingly overburdened public mental health systems (OGLOFF, J. R. P; 2006).

While these comments refer to personality disorders generally, the focus here will be on 'psychopathy', or as it has been termed in contemporary nosological systems

language, Antisocial Personality Disorder - Antisocial PD (OGLOFF, J. R. P; 2006).

Psychopathy was the first personality disorder to be recognized in psychiatry. The concept has a long historical and clinical tradition, and in the last decade, a growing body of research has supported its validity. At first, the term psychopathy was used to refer to a range of personality disorders ('psychopathic personalities') that were seen to be extreme forms of normal personality. In general descriptions of people who share the characteristics found in the modern conceptualization of "psychopathy" were found in ancient writing. Scholars and practitioners have debated the merits of conditions such as those characterized by so-called antisocial characteristics ever since attempts were made to classify the mental disorder. For example, the term 'manie sans délire' (i.e. mania without confusion of the mind), which Pinel coined in 1700 to describe patients whose "affective faculties were disordered", was criticized as early as 1866 for having only courtroom use (OGLOFF, J. R. P; 2006).

In 1941, American psychiatrist Hervey Cleckley described the condition of psychopathy in his now classic book *The Mask of Sanity*. He identified 16 characteristics of psychopathy drawn from the literature and his clinical experience (OGLOFF, J. R. P; 2006).

- => Superficial charm and good intelligence.
- => Absence of delusions and other signs of irrationality of thought.
- => Absence of 'nervousness' or psychoneurotic manifestations.
- => Lack of reliability.
- => Falsehood and insincerity.
- => Lack of remorse or shame.
- => Inappropriately motivated antisocial behavior.
- => Poor judgment and failure to learn from experience.
- => Pathological egocentricity and inability to love.
- => General poverty in major affective reactions.
- => Specific loss of insight.
- => Insensitivity in interpersonal relationships in general.
- => Fantastic and uninviting behavior, with drinking and sometimes without.
- => Suicide rarely carried out.
- => Impersonal, trivial and poorly integrated sex life.
- => Failure to follow any life plan.

Contemporary society features a wide range of subcultures with different normal behaviors. Each individual is a member of many of these subcultures that can range from

institutions such as a church to mini-groups such as school clubs or street gangs. With various affiliations that exist in multiple demands for adherence to group codes that may not be congruent. The result is confusion and conflict even for the vast majority who manage to be integrated into a life role (KUTTNER, R. E; 1981).

Technical normalcy applies to almost all individuals between the overt sociopath and the obviously well-adjusted, but this definition does not imply a problem-free status. A reasonable fit in a reasonable niche may hide a precarious balancing act that can be disrupted by a single pernicious influence. When these individuals have sufficient insight to seek help, their need for understanding is as great as that of those who are visibly in severe distress. It is this group, with no clearly defined symptoms and no history of personal turmoil, that may be most perplexing to the social worker. Yet it is this group, not yet certified by school and court and authorities as a problem element, that can profit most from wise guidance (KUTTNER, R. E; 1981).

What happens when a technically normal person shows up for counseling? If the first encounter raises suspicions of being played, then communication barriers are set up at the very moment when the most sensitive insights are needed for understanding. The overwhelmed counselor must understand that a thin case file can be thick with distress. The medical profession has learned to pay due attention to the hypochondrias of patients. The difference in social work is that clients can live symptoms rather than invent physical illnesses. As in hypochondria, false symptoms can be valuable clues to deeper problems ((KUTTNER, R. E; 1981).

Psychopathic traits have a core component of callousness and lack of emotion (e.g., lack of guilt and empathy) and a drive- antisocial component. They are detectable in early childhood and persist into adulthood. Clinically, understanding psychopathic traits is important, as their presence can interfere with socialization and currently available treatment for conduct disorder. However, only a fraction of those receiving psychiatric treatment with diagnoses of oppositional defiant disorder, conduct disorder, antisocial personality disorder show psychopathic traits.

There are genetic and environmental contributions to the development of psychopathic traits. While genetic molecular disease remains effectively unknown, several environmental risk factors (enrichment, diet, paternal deprivation, maternal substance abuse during pregnancy) that compromise neural systems implicated in psychopathic traits (amygdala, caudate, and ventromedial prefrontal cortex) have been identified (BLAIR, R. J; 2015).

Antisocial behavior in children and adolescents is generally defined by behavior that violates the rights of others, such as aggression, destruction of property, and theft; or behavior that violates age-appropriate core social norms or rules, such as truancy and running away from home. Serious and persistent patterns of behavior in children and adolescents form the diagnostic criteria for conduct disorder, it is a critical mental health concern for several reasons (FRICK, P. J; 2016):

=> It is highly prevalent with a worldwide prevalence among children and adolescents aged 6 to 18 years estimated at 3.2%.

=> It operates at a high cost to society due to the reduced quality of life for victims of antisocial acts and the financial costs to the legal system that must respond to acts that violate laws.

=> It predicts a range of adjustment problems for the person with the disorder throughout life, including mental health problems (e.g., abuse), legal problems (e.g., risk of arrest), educational problems (e.g., school dropout), social problems (e.g., poor job performance), and physical health problems (e.g., breathing problems, function).

Antisocial behavior is one of the most common reasons for a child's referral to mental health and educational services and represents an initial public health cost. We know that children with early onset antisocial behavior are at risk for developing chronic illnesses throughout their lives, persistent problems, as well as various other psychiatric and physical health problems (VIDING, E; FONTAINE, N. M. & MCCRORY, E. J; 2012).

Descriptions of particularly unscrupulous individuals, who cannot learn from punishment and who habitually violate the rights of others for personal gain, has been well documented throughout history and across cultures. However, notions that such behavior may constitute a mental deficiency rather than an evil nature gained traction only recently, around the beginning of the nineteenth century. This period marked the infancy of our understanding of abnormal psychology, such that practitioners were just beginning to understand the organic relationship between the brain and individual differences in thoughts and behavior. The clinician Pinel documented the notion of madness without delirium, in which individuals retained more outwardly observable faculties, such as intelligence and apprehension of reality, while still suffering deficiencies in their character, such as emotions or moral judgment extended this notion to a condition he called moral insanity, in which an essentially isolated deficit in moral behavior was recognized. These early conceptualizations provided a starting point for our understanding of a variety

of disorders, including psychopathy (ANDERSON, N. E. & KIEHL, K. A; 2014).

As the concept of psychopathic personality gained prominence in the early 20th century, there was still a need for some descriptive consolidation to unify the construct and enhance its clinical utility. While the construct continued to evolve, our modern clinical understanding of the psychopath is conceptually grounded in the authoritative delineation of core diagnostic traits that characterize the disorder. Their case studies paint a vivid picture of a psychopath suffering from an inability to feel empathy, guilt, or remorse, and as someone who often fails to exercise good judgment and lacks the basic foundation for socialized and moral behavior (ANDERSON, N. E. & KIEHL, K. A; 2014).

As such, psychopaths show a profound disregard for the rights and well-being of others. At the same time, psychopaths are usually not delusional or psychotic, and usually exhibit normal to high levels of intelligence performance. This combination of personality traits can be recognized at varying levels among healthy, relatively high functioning members of society; however, full clinical manifestation of these traits occurs in less than 1% of the general population. Individuals who meet the clinical criteria for psychopathy tend to fail to achieve normal academic success, frequently lose their jobs or resign without justification, suffer through multiple divorces, and may be socially ostracized due to others' perception of their chronic reckless choices. As such, psychopathy represents a maladaptive condition that severely impairs decision-making, moral judgment, and social functioning (ANDERSON, N. E. & KIEHL, K. A; 2014).

It is easy to recognize the variability in aggressive behavior between humans and other animals. In fact, many have felt the impulse to react violently to someone who provokes them, and some of us may have even acted on those impulses - such instincts are not necessarily pathological. Another thing is to stalk a potential victim for days, devising a malicious plan to harm another person for your own benefit. The latter requires a series of violations of ordinary social rules, which are not simply overwhelmed by a momentary fit of rage, but rather, are totally disregarded in a prolonged plan to achieve some self-serving goal at another expense. The inherent heterogeneity of violent behavior has led to the establishment of a variety of categorizations, most prominently distinguishing between impulsive and premeditated aggression (ANDERSON, N. E. & KIEHL, K. A; 2014).

### III. METHODS

The present article is an integrative review based on a bibliographical research formulated through published articles about the knowledge and performance of professionals in the concentration area "health" on the subject "Sociopathy". Articles from reputable platforms such as "Bireme, Lilacs, Scielo, Pubmed" were used; published between 2018 and 2022.

Due to the increasing amount and complexity of information in the health area, it has become essential to develop devices in the context of scientific research to delimit more concise methodological steps and to provide professionals with better use of the evidence elucidated in numerous studies. In this scenario, the integrative review emerges as a methodology that provides the synthesis of knowledge and incorporation of the applicability of the results of significant studies in practice (SOUZA, M. T; SILVA, M. D. & CARVALHO, R; 2010).

The method in check basically constitutes an instrument of Evidence-Based Practice (EBP).

(SOUZA, M. T; SILVA, M. D. & CARVALHO, R; 2010) The EBP, whose origin is linked to the work of epidemiologist Archie Cochrane, is characterized by an approach to clinical care and teaching based on knowledge and the quality of evidence (LEITE, T. H; et al, 2022).

It involves, therefore, the definition of the clinical problem, the identification of the necessary information, the conduction of the search for studies in the literature and its critical evaluation, the identification of the applicability of the data from the publications and the determination of its use for the patient. (SOUZA, M. T; SILVA, M. D. & CARVALHO, R; 2010) The integrative review, in this context, due to its methodological approach, allows the inclusion of diverse methods, which have the potential to play an important role in nursing EBP. Thus, it is essential to differentiate it from existing lines of studies.

### IV. RESULTS

The historical roots of the concepts of abnormal personality, social deviance, delinquency, and criminal liability are described, demonstrating that earlier concepts of psychopathic personality often included negative social evaluations. They prefer a behavior-oriented definition of personality disorders, which increases reliability, but may lead to a purely criteriological assessment of personality. A checklist for personality assessment, including four sub-affective forms derived from the typology of personality disorders. To justify statements of diminished legal responsibility or irresponsibility under the Criminal Code, a differentiation between psychopathology phenomena in personality disorders and pure social deviance is necessary.



The three notions of psychopathy, sociopathy and dissocial behavior are suggested to guide the necessary decisions regarding prognosis and therapeutic possibilities (SASS, H; HERPERTZ, S. & HOUBEN, I; 1994).

Abnormal personality traits are of great importance in the general population, where the frequency of personality disorders is estimated at 1%, in clinical populations, where such diagnoses have been found in 30-50%, and in outpatient populations, where personality disorders have been diagnosed in even special forensic psychiatric hospitals, patients with personality disorder diagnoses being the largest subgroup. But despite its practical relevance, the field of abnormal personality turns out to be rather vague and nondescript from a scientific point of view. This generates criticism especially in forensic situations, where a special amount of reliability is needed with regard to the interests of both the individual offender and society (SASS, H; HERPERTZ, S. & HOUBEN, I; 1994).

Antisocial personality disorder has been an accepted category of mental illness for about 200 years. All cultures, in one form or another, recognize a disorder characteristic of callousness and criminality. Different terms, including "moral insanity", "psychopathy", have been used in European and North American psychiatry to describe these phenomena. A parallel entity, "dissocial personality disorder, is very similar. They depend on consistent criminal behavior, while the older and broader construct of "psychopathy" placed more emphasis on the personality characteristics (manipulation and interpersonal exploitation) that accompany criminality (PARIS J; 1996).

Criminal behavior occurs in families. This association may be due to genetic or environmental factors. Twin studies have shown that criminality shows concordance differences, while adoption studies show that criminality in a biological parent is a risk factor for criminality in a child. However, criminality can be confused with the effects of alcoholism, which has a stronger genetic component. Moreover, criminality itself is heterogeneous. In a study of adoptees, it showed a small genetic effect, but with environmental risk factors (PARIS J; 1996).

Recently a meta-analysis of genetic behavior was conducted. Studies on antisocial behavior and estimated that on average about 41% of antisocial behavior was due to genetic factors, about 16% to shared environments. Mental factors, and about 43% to non-shared environmental factors. These estimates were based on results from 51 studies that ranged in sample size from very small (fewer than one hundred participants) to large (thousands of participants), used different methods to infer estimates of heritability and environmental influence (twin, and sibling study designs), collected data in different age groups (children, veniles, and

adults), and applied different definitions of antisocial behavior using different informants. However, the basic finding is that antisocial behavior was heritable.

The same seems to hold true for violence, although studies using official conviction records reported evidence of zero heritability. There is a logical explanation for the null heritability estimate, as using conviction records to measure violence will lose information about actual crimes committed, while including some individuals who committed only a single violent act. In addition, small sample sizes of studies that rely on conviction record limits the statistical power of these analyses. Overall, the data seem to indicate moderate heritability for both antisocial and violent behavior (VIDING, E; 2004).

If we use sufficiently large twin samples, we can ask questions that go beyond demonstrating that antisocial behavior is heritable. We can investigate genetics and environmental influences on the comorbidity between antisocial behavior and other behavioral problems. For example, there is suggestive evidence of overlapping genetic influences for conduct disorder and hyperactivity. We can ask for development of questions assessing antisocial behavior over time and investigating whether environmental variables contribute to its continuity or change by measuring phenotypic scores of 1 at age 1 and phenotypic scores of twin 2 at age 2. As an example, a recent study suggested that continuity of aggressive antisocial behavior is genetically mediated. We can also use the twin design to split groups of individuals on some distinct behavioral or personality marker to see if etiology the logical influences differ for different subtypes. For example, early onset antisocial behavior appears to be more heritable than antisocial behavior limited to adolescence, a finding that has been argued to reflect the transient, almost normative nature of adolescent antisocial behavior. On the other hand, the higher heritability estimate for antisocial behavior in young children may reflect a genetic predisposition for such behavior. Behavior, particularly when antisocial behavior is pervasive in different contexts (VIDING, E; 2004).

## V. DISCUSSION

Psychopathy predicts violence and other antisocial conduct in both offenders and psychiatric patients. Furthermore, released psychopathic offenders have an increased risk of recidivism when compared to their non-psychopathic counterparts. Psychopathy is not a uniform predictor that functions similarly across gender, culture, and ethnicity. Moderating variables such as race, gender, institutional (e.g., or correctional) environment is the method of assessment for psychopathy (e.g., based on interview or file

review) influence the utility of social deviance as a predictor of violence and criminal conduct, interpersonal and affective characteristics of psychopathy appear to play a greater role in explaining criminal behavior in female offenders than in males. In light of the empirical evidence of psychopathic offenders' increased risk of violence and recidivism, psychopathy the classification is often a crucial factor in deciding the disposition of offenders in the criminal justice system (ROGSTAD, J. E. & ROGERS, R; 2008).

Deviant behavior is gaining clinical importance if it is based on stable, characteristic, and enduring patterns of psychopathologically relevant personality traits that have their onset in childhood or adolescence. The classification of these traits has variations, so that a distinction is needed between the diagnosis of antisocial personality disorder, the diagnosis of antisocial personality disorder, and the concept "psychopathy." Our knowledge about the biological basis of antisocial behavior includes neurophysiological, psychophysiological, and genetic findings. Also relevant are results from studies of neurotransmitter functional neuroimaging findings. Psychosocial risk factors include parental deficits, rejection, disrespect, unstable relationships, and abuse. Effective psychotherapeutic treatment is cognitive-behavioral. Pharmacological treatment is largely "off-label." Diagnosis of antisocial and dissocial personality disorder does not allow conclusions about criminal responsibility. In addition to psychiatric diagnoses, considerations of the severity of the disorder and its effects on the ability to inhibit actions are necessary (HABERMEYER, E. & HERPER, T. Z. S. C; 2006).

Among serious offenders with personality disorder, antisocial personality disorder stands out because, especially when psychopathic, they are often involved in serious crimes. Severe antisocial personality disorder and psychopathy are ubiquitous. They are often present among unruly and delinquent adolescents, regardless of social, family, and economic status. Their dissocial behaviors are easily noticed. Their personalities often predict career delinquency. As adults, they are found in the community at large. Psychopaths can be successful or unsuccessful in their social behavior. Successful psychopaths are often found among professionals who generally move easily up the social and professional ladder. They can be found among businessmen, who often manifest their relentless desire for achievement. They are narcissistic, emotionless, impulsive, and compulsive in their behaviors. When incarcerated, psychopaths often successfully violate institutional rules because their charming personality helps them navigate the prison system to their advantage (PALERMO, G. B; 2014).

Because of their aggressive, destructive, and other antisocial acts, individuals with psychopathic disorders inflict incalculable harm on themselves, acquaintances, and strangers. The harm they inflict and the attempts at safe management by the criminal justice system represent a considerable economic cost to society. However, the fatalistic conventional wisdom is that no treatment is effective for psychopathic disorders. From this perspective, treatment efforts are counterproductive and a poor use of limited resources. Attempts to treat and cure the core defect of psychopathy may be futile in light of current medical and behavioral science (FELTHOUS, A. R; 2015).

Here the term "psychopathic disorders" is used with the same meaning as in the comprehensive manual on the topic. The term follows "taxonomic and dimensional approaches" and includes "diagnostic conditions characterized by antisocial behavior," but not "all antisocial or criminal behavior, regardless of the existence of a disorder." More specifically, psychopathic disorders include the concept of psychopathy and antisocial personality disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders (FELTHOUS, A. R; 2015).

The treatment of psychopathic disorders is not much different from other chronic mental disorders, such as schizophrenia, for example. The pathogenesis of the "core defect," if there is a single underlying defect, is neither fully understood nor curable by current therapeutic modalities. However, with remarkable success, the most salient and disturbing symptoms of schizophrenia are treated, often with substantial improvement in overall functioning. If, instead of seeking to eliminate or overcome the "core defect" of psychopathy, treatment targeted specific problematic cognitive, emotional, or behavioral symptoms, sufficient improvement could be achieved to make treatment appropriate and worth the effort (FELTHOUS, A. R; 2015).

Whether an offender's psychopathy improves, worsens, or is unaffected by programmatic treatment remains uncertain. An attempt to categorize non-pharmacotherapeutic approaches to the treatment of criminal offenders with personality and behavior disorders. Those with severe psychopathy, however, do not consistently show this benefit after release. Reference and Conclusions of reviews describing the nature of psychosocial rehabilitation programs should be tempered because reports of methods and outcomes do not consistently describe character pathology or measure the degree of psychopathy of offenders treated. In addition, descriptive reports of individual intramural psychosocial rehabilitation programs typically do not report ongoing programmatic psychosocial or psychotherapeutic efforts in the community after

offenders are released from prison (FELTHOUS, A. R; 2015).

## VI. FINAL CONSIDERATIONS

There are many types of minor and major crimes. In some cases, the offenders are quickly identified and apprehended, and the cases are easily resolved. Others are more puzzling, and their resolution confronts us with a challenge because of their complexity and sometimes repetitiveness. Criminal profiling applies particularly to the latter because of the difficulty often encountered in identifying criminals in detecting their motives. Crime is often an interpersonal event and occurs in a particular setting. Therefore, the crime scene assumes great importance for investigators, who try to extract from their observations the typology of both the victim and the victimizer. It can be argued that the criminal profile consists of two phases, the first being the general characterization and the second the specific characterization.

The general profile is part of the overall investigative analysis of any crime. The commendable collection of data at the crime scene is important to get at the mechanics and dynamics of the crime itself. Specific profiling becomes more refined in the collection of evidentiary facts at the crime scene, with the primary goal of a typology of the behavioral characteristics and psychological makeup of the perpetrator. Solving crimes, such as serial murders, especially the lust type; spree killings; repetitive rape; pedophilic acting; and mass murder, benefits from this attempt to profile the perpetrators of such crimes.

Conduct disorder is one of the most common psychiatric disorders in children and adolescents between the ages of four and 16. It is characterized by a persistent pattern of behavior in which the patient violates the basic rights of others and major age-appropriate social norms. Conduct disorder is a serious diagnosis. Some studies show that up to 40% of those who were diagnosed as having conduct disorder in childhood continued to have serious psychosocial disturbances in adulthood. In addition, antisocial behavioral parents seem to predict similar behavior in children.

## REFERENCES

- [1] ANDERSON, N. E. & KIEHL, K. A. Psychopathy and aggression: when paralimbic dysfunction leads to violence. **Curr Top Behav Neurosci**. 2014; 17:369-93. DOI: [https://doi.org/10.1007/7854\\_2013\\_257](https://doi.org/10.1007/7854_2013_257) PMID: 24306955; PMCID: PMC4331058.
- [2] BLAIR, R. J. Psychopathic traits from an RDoC perspective. **Curr Opin Neurobiol**. 2015 Feb; 30:79-84. DOI: <https://doi.org/10.1016/j.conb.2014.09.011> Epub 2014 Oct 27. PMID: 25464372.
- [3] FELTHOUS, A. R. The appropriateness of treating psychopathic disorders. **CNS Spectr**. 2015 Jun;20(3):182-9. DOI: <https://doi.org/10.1017/S1092852915000243> Epub 2015 Apr 24. PMID: 25907635.
- [4] FRICK, P. J. Early Identification and Treatment of Antisocial Behavior. **Pediatr Clin North Am**. 2016 Oct;63 (5):861-71. DOI: <https://doi.org/10.1016/j.pcl.2016.06.008> PMID: 27565364.
- [5] FRICK, P. J. Early Identification and Treatment of Antisocial Behavior. **Pediatr Clin North Am**. 2016 Oct;63 (5):861-71. DOI: <https://doi.org/10.1016/j.pcl.2016.06.008> PMID: 27565364.
- [6] HABERMEYER, E. & HERPER, T. Z. S. C. Dissoziale Persönlichkeitsstörung [Dis-social personality disorder]. **Nervenarzt**. 2006 May;77(5):605-15; quiz 616. German. DOI: <https://doi.org/10.1007/s00115-006-2081-3> PMID: 16609871.
- [7] KUTTNER, R. E. Apparent normality and feigned sociopathy. **Int J Soc Psychiatry**. 1981 Summer; 27(2):108-10. DOI: <https://doi.org/10.1177/002076408102700204> PMID: 7228525.
- [8] MOLL, JORGE; ESLINGER, P. J. & OLIVEIRA-SOUZA, R. Ativação do córtex frontopolar e temporal anterior em uma tarefa de julgamento moral: resultados preliminares de ressonância magnética funcional em indivíduos normais. **Arq. Neuro-Psiquiatr**. 59 (3B) • Sept 2001. <https://doi.org/10.1590/S0004-282X2001000500001>
- [9] OGLOFF, J. R. P. Psychopathy/antisocial personality disorder conundrum. **Aust N Z J Psychiatry** 2006 40: 519. DOI: <https://doi.org/10.1080/j.1440-1614.2006.01834.x>
- [10] PALERMO, G. B. Severe antisocial personality disorder and psychopathic offenders: should they be allowed to enter an insanity plea? **Int J Offender Ther Comp Criminol**. 2014 Dec;58(12):1412-4. DOI: <https://doi.org/10.1177/0306624X14555962> PMID: 25332223
- [11] PARIS J. Antisocial personality disorder: a biopsychosocial model. **Can J Psychiatry**. 1996 Mar;41(2):75-80. DOI: <https://doi.org/10.1177/070674379604100203> PMID: 8705966.
- [12] PERKTOLD, C. Ensaio Sociopatia: justiça e vingança. Estudos de Psicanálise – Aracaju – n. 34 – p.21-26 – Dezembro. 2010. Disponível em: [http://pepsic.bvsalud.org/scielo](http://pepsic.bvsalud.org/scielo Acesso em: 08/03/2022) Acesso em: 08/03/2022
- [13] ROGSTAD, J. E. & ROGERS, R. Gender differences in contributions of emotion to psychopathy and antisocial personality disorder. **Clin Psychol Rev**. 2008 Dec;28(8):1472-84. DOI: <https://doi.org/10.1016/j.cpr.2008.09.004> Epub 2008 Sep 19. PMID: 18945529.
- [14] SASS, H; HERPERTZ, S. & HOUBEN, I. Personality disorders: conceptual issues and responsibility. **Jpn J Psychiatry Neurol**. 1994; 48 Suppl:5-17. DOI: <https://doi.org/10.1111/j.1440-1819.1994.tb03033.x> PMID: 7799543.

- [15] SOUZA, M. T; SILVA, M. D. & CARVALHO, R. Revisão integrativa: o que é e como fazer. **Einstein** (São Paulo) 8 (1). Jan-Mar 2010. DOI: <https://doi.org/10.1590/S1679-45082010RW1134>
- [16] VIDING, E. On the nature and nurture of antisocial behavior and violence. **Ann N Y Acad Sci.** 2004 Dec;1036:267-77. DOI: <https://doi.org/10.1196/annals.1330.017> PMID: 15817743
- [17] VIDING, E; FONTAINE, N. M. & MCCRORY, E. J. Antisocial behaviour in children with and without callous-unemotional traits. **J R Soc Med.** 2012 May;105(5):195-200. DOI: <https://doi.org/10.1258/jrsm.2011.110223> PMID: 22637770; PMCID: PMC3360537.